

## AlaskaCare Benefit Clarification

| Benefit Title  | Contact Lens Fitting Coverage |  | Group Number   | r 8662 | 19-50 |  |
|--|-------------------------------|--|----------------|--------|-------|--|
| Effective Date   | January 1, 2018               |  | Date Submitted | d      |       |  |
| Applicable Benefit Plan (check all that apply):  |                               |  |                |        |       |  |
| ☐ Active ☐ Retiree ☐ Long-Term Care  |                               |  |                |        |       |  |
| ☐ Medical ☐ Dental ☐ Vision ☐ Audio ☐ Pharmacy ☐ Other   |                               |  |                |        |       |  |
| <b>Description:</b> Coverage for the fitting of contact lens.  |                               |  |                |        |       |  |
| AlaskaCare Insurance Information Booklet Reference(s):  COVERED VISION AND OPTICAL SERVICES  One pair of cosmetic contacts elected in lieu of glasses. These will be covered the same as any other single vision spectacle lenses. This means that you must pay the difference between the recognized charge for spectacle lenses and contact lenses.  VISION AND OPTICAL SERVICES AND OPTICAL SERVICES NOT COVERED  Services or supplies not specifically listed as a covered benefit under the health plan.  Decision: Modify coding to allow for contact lens fitting in addition to the allowance for the contacts. CPTs 92310-92317 are allowed under the optional AlaskaCare vision plan at the applicable 80% coinsurance rate. |                               |  |                |        |       |  |
| Plan Administrator Approval:  Signature  Title Director Date 1/1/18  Division of Retirement and Benefits   |                               |  |                |        |       |  |

## **Comments:**

This benefit clarification applies to the AlaskaCare Retiree Health Plan as amended January 1, 2018.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.